	A		[C;]	IA 732	/A			n						
EEST AVAILABLE COPY									A	Application or Docket Number				
	PATENT /	ICATIO Effective		89/678175										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY		
FC	R		NUMBER FILED			NUMBER EXTRA			RATE	FEE	1 1	RATE	FEE	
ВА	SIC FEE									345.00	OR		690.00	
TO	TAL CLAIMS		25 minus 2			= . 8			X\$ 9=		OR	X\$18=	/४५,८७	
INC	EPENDENT CL	AIMS	4	minus	3 =	• 1			X39=		OR	X78=	78.00	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	7,00	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	91200	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	or Or	OTHER SMALL	THAN	
AMENDMENT A	U.C.	CL REM A	AIMS IAINING FTER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	٠ و	36	Minus	••	36	= /		X\$ 9=			₹ 318=		
AME	Independent	·	6	Minus	••	(OZe	=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
								L	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)								ODIT. FEE		<u> </u>	ADDIT. FEE	<u> </u>	
AMENDMENT B		REM Al	AIMS IAINING FTER NDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	ئى .	3G	Minus	**	36	=		X\$ 9=		OR	X\$18=		
	Independent	•	(j)	Minus	••	6	=		X39=		OR	X78=		
	FIRST PRESE	ON OF MU	JLTIPLE DEI	▎▐▔	+130=			+260=						
									TOTAL		OR OR	TOTAL		
(Column 1) (Column 2) (Column 3)									DDIT. FEE	L		ADDIT. FEE	<u></u>	
ENT C		CL REM Al	AIMS IAINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
SE SE	Total	•		Minus	••		=		X\$ 9= ·		OR	X\$18=.		
AMENDMENT	Independent •			Minus •			=	╗ ┡──	X39=		OR	X78=		
	LIDOT DDCCC	THEY PRECENTATION OF MULTIPLE PERFNOENT OF AIM												

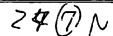
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 12/99)



FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

+260=

+130=